



**ASTHMA INFORMATION (to be completed/reviewed by parent/guardian)**

My child  will  will not (please mark appropriate spot with X) participate in **KSD sponsored** before or after school sports/activities during the school year. If this changes it is my responsibility as the parent/guardian to contact the health room. List sports/activities: \_\_\_\_\_

1. How long has your child had asthma? \_\_\_\_\_ years \_\_\_\_\_ months
2. How many days would you estimate he/she missed school **last year** due to asthma: \_\_\_\_\_
3. How many times in the past year has your child been:  
A ) Hospitalized overnight or longer for asthma? (check one)  none  one  two-four  more than four  
B ) Treated in an emergency room? (check one)  none  one  two-four  more than four  
C ) \_\_\_\_\_-routine asthma? (check one)  none  one  two-four  more than four
4. **Asthma Triggers:** (Check each that applies to the student.)  
 Exercise  Food  Pollens  Stress  
 Respiratory Infections  Strong Odors of Fumes  Molds  Cigarette smoke  
 Change in Temperature  Animals  Carpets in Room  Other